

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	TUMOR NECROSIS FACTOR ANTAGONISTS AND THEIR USE IN ENDOMETRIOSIS
Attorney Docket Number::	BORRELLI2A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity

Given Name::	Francesco
Middle Name::	
Family Name::	BORRELLI
Name Suffix::	
City of Residence::	Roma
State or Province of Residence::	
Country of Residence::	Italy
Street of Mailing Address::	Via Raffaele De Cesare 119
City of Mailing Address::	
State or Province of Mailing Address::	
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	00179
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Mauro
Middle Name::	
Family Name::	D'ANTONIO
Name Suffix::	
City of Residence::	Caserta
State or Province of Residence::	
Country of Residence::	Italy
Street of Mailing Address::	Via Rossini Palazzo Conte, Parco Cerasole
City of Mailing Address::	
State or Province of Mailing Address::	
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	81100
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Fabrizio
Middle Name::	

Family Name:: MARTELLI

Name Suffix::

City of Residence:: Roma

State or Province of Residence::

Country of Residence:: Italy

Street of Mailing Address:: Via Sambruccio D'Alando 14

City of Mailing Address:: Caserta

State or Province of Mailing Address::

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing Address:: 00162

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Continuation of	09/889,828	07-23-01
09/889,828	National Stage of	PCT/IB00/00052	01-19-00

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Netherlands	EP99101194.1	01-22-99	Yes

**Assignment Information**

Assignee Name:: Applied Research Systems ARS Holding  
N.V.

Street of Mailing Address:: Pietermaai 15

City of Mailing Address:: Curacao

State or Province of Mailing Address::

Country of Mailing Address:: Netherlands Antilles

Postal or Zip Code of Mailing Address::